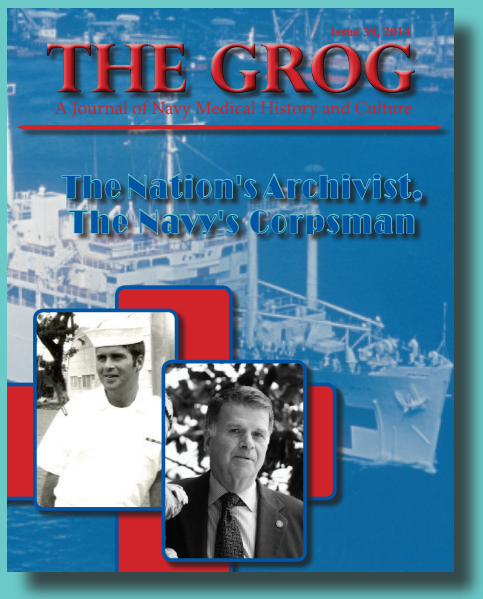
Issue 39, 2014

THE GROG

A Journal of Navy Medical History and Culture

The Nation's Archivist, The Navy's Corpsman

THE GROG
A Journal of Navy Medical History and Culture
Issue 39, 2014



Long before David Ferriero took the helm as the Nation's Archivist-in-Chief, he served as a neuro-psychiatric technician and occupational therapy technician in the Navy. Over the course of his career (1967-1971), Petty Officer Ferriero served at Naval Hospital Chelsea, Mass., 1st Med Bttn, Danang, South Vietnam, and aboard the hospital ship USS *Sanctuary* (AH-17)

Office of Medical History
Communications Directorate
Bureau of Medicine & Surgery
7700 Arlington Blvd
Falls Church, VA 22042

Editor and Historian:
André B. Sobocinski

Archivist:
Mike Rhode

Oral History Editor:
COL Dick Ginn, MSC, USA (Ret.)

Introduction

What do the names David Ferriero, Bill Cosby, Robert Rauschenberg and "Country" Joe McDonald have in common? Although we suspect a six-degreed connection with Kevin Bacon, we can confirm that each individual has served as a member of the Navy Hospital Corps. In this edition of *The Grog* we take a look back at these individuals starting off with Mr. David Ferriero, the 10th Archivist of the United States.

As we release this issue the 2014 baseball season will soon be in "full swing." It may be surprising to some that Navy Medicine has its own connections with Major League Baseball. In World War II, Navy hospitals Aiea Heights, Hawaii, and Brisbane, Australia, boasted baseball teams featuring future Hall of Famers Pee Wee Reese and Phil Rizzuto, respectively. Perhaps more remarkable, from 1918 to 1924, Major League Baseball featured a commissioned Navy physician on its rosters. In this issue, we look back at the career of John "Doc" Lavan, baseball shortstop and Navy physician.

The year 2014 will mark many notable anniversaries for the U.S. Navy including the Battle of Mobile Bay (1864), the Battle of Veracruz (1914), the Gulf of Tonkin Incident (1964), and SEALAB I (1964). One anniversary that should not be forgotten by Navy Medicine is the 100th anniversary of the *Hospital Corps Handbook*. First published in March 1914, and then known as the *Handy Book of the Hospital Corps*, this seminal work has been an integral part of the rich Hospital Corps heritage and is often referred to as the "Corpsman's Bible." To mark this centenary we look back at the origin of this important textbook.

Finally, few names in Navy Medicine are bigger than World War I hero Dr. Joel T. Boone. In "Quantico Days" we present Boone's unpublished reflections on preparing for deployment with the Marines.

As always we hope you enjoy this tour on the high seas of Navy Medicine's past!

page 4...*Archivist-in-Chief*

page 14...*Hospital Corps Handbook*

page 22..."*Doc" Lavan*

THE GROG

A JOURNAL OF NAVY MEDICAL HISTORY AND CULTURE

Features

The Nation's Archivist, the Navy's Corpsman:
An Interview with David Ferriero..... page 4

The Hospital Corps Handbook Centenary:
The Textbook, and an Experiment in Formalized Training..... page 14

John "Doc" Lavan:
Major League Baseball's Only Navy Physician.....page 22

A History of Navy Ambulances:
Part II: Ambulances of the Great War.....page 24

Showcase

A Class of their Own: Notable Former Corpsmen..... page 13

Navy Hospital Corps School Newport, R.I. Lesson Plan..... page 20

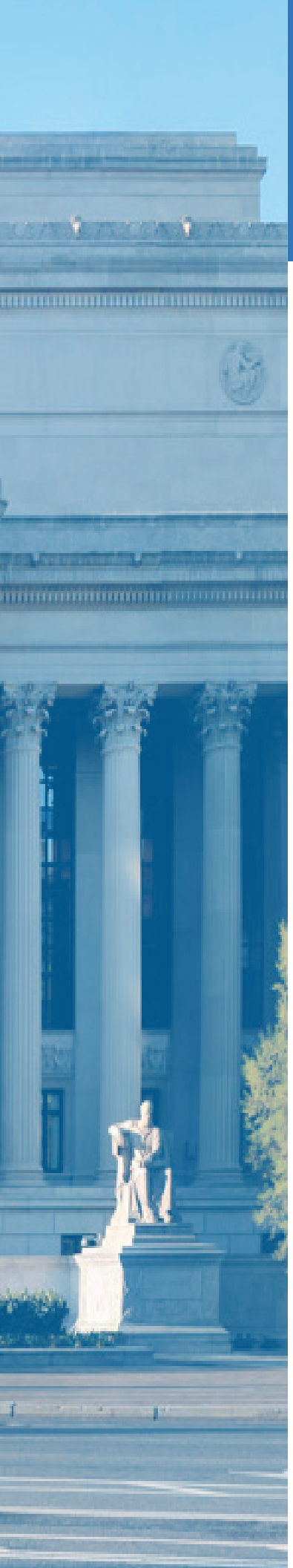
The U.S. Navy's First Eight-Cylinder Ambulance:
Cadillac Ambulance, Model 57..... page 28

Quantico Days
by Vice Adm. Joel Boone, MC, USN..... page 30

Book Review: *The Lucky Few*
By Capt. (ret.) Steven Oreck, MC, USN.....page 34

THE GROG is a free tri-annual publication of the Communications Directorate dedicated to the promotion and preservation of the history and culture of the Navy Medical Department. Articles and information published in THE GROG are historical and are not meant to reflect the present-day policy of the Navy Medical Department, U.S. Navy, and/or the Department of Defense.

The Nation's Archivist, The Navy's Corpsman



A Conversation with Mr. David Ferriero, 10th Archivist of the United States and former Navy Hospital Corpsman

The National Archives is the largest repository of Continental and U.S. Navy historical records in the United States. There is also a great deal of Navy in the Archivist of the United States. Several items in his office offer clues to his deep Navy connections. On his walls there is a framed drawing of USS *Constitution* and on his desk sits a piece of this hallowed ship's deck. Amidst his collection of pictures of visiting dignitaries, there is a photograph of a young Sailor dressed in service whites with an unmistakable crow on his sleeve. This is David Ferriero in a preamble to his more famous career. Long before becoming the director of the New York Public Library and the 10th Archivist of the United States, Mr. Ferriero was one of our own, a Navy Hospital Corpsman. From 1967 to 1971, Petty Officer Ferriero served as a neuropsychiatric (NP) technician at Naval Hospital Chelsea, Mass., and aboard USS *Sanctuary* (AH-17). As he admits, his short Navy tenure would forever impact his future life and successes. ABS

Mr. Ferriero, thank you again for your time today. Before we discuss your service I would like to capture a snapshot of your early life. I understand you grew up in Beverly, Massachusetts.

Yes, the "Birthplace of the American Navy."

There are people in Marblehead who might disagree.

Those people in Marblehead. [*laughter*] On Navy Day two years ago Trevor Plante[1] and I went to the *Constitution* Museum in Charlestown, Massachusetts to do an expose on the number of places in the United States that claimed to be the birthplace of the American Navy. There were six towns that claimed the Navy from Machias, Maine to Philadelphia. It was really interesting because the audience was evenly split between the folks from Marblehead and Beverly. The entire Beverly Historical Society was there and at the end I had everyone vote which one it really was. So the real story is the ship *Hannah*,[2] which was the first ship built by George Washington, sailed out of Beverly harbor. It was owned by a merchant in Manchester, Massachusetts, and just about the entire crew was from Marblehead, but it sailed out of Beverly. No question in my mind.

Were you interested in naval history as a child?

Yes I was. But I also came from Irish and Italian immigrants. The Irish relatives came to Massachusetts in the late 1800s and I had great uncles who were fishermen. The fondness for the sea was in my blood and I grew up on water. So the Navy was an easy choice.

Why did you enlist in the Navy?

I was fed-up with my undergraduate degree. I was an education major at that point and hated every minute of it. I figured the Navy was safe and still remember at the bottom of the enlistment form there was a block that read "Volunteer for Hospital Work." How could you be any safer? [*laughter*] I also had a brother who served in the Army in Vietnam and he made it clear that I should not join the Army and that the Navy would be safer.

I understand you went through a very significant co-op program during your undergraduate years that would influence the course you took in the Navy.

Yes. Occupational and recreational therapy. It was as close to education as you could get. It was very important because it exposed me to a profession which heavily influenced my trajectory in the Navy. I was trained in a hospital in Connecticut to do occupational and recreational therapy so when I came out of Corps School and came to Chelsea Naval Hospital I was pegged as a NP Tech and an Occupational Therapy Tech because of my experience.

What were your first impressions of the Navy?

It was in boot camp and it took me a while to latch onto what was going on. It was all this unnecessary stress put on people. I was older than most of the Sailors in my company and I was wondering why are they were terrorizing these people. It was all a game.

---

1. Chief of Reference at the National Archives.

2. Hannah was the first armed vessel to sail under Continental pay and control, and was taken over 24 August 1775. She was the beginning of the small fleet fitted out by George Washington in the fall of 1775 to aid him in the siege of Boston by capturing provisions ships making for the harbor from British ports. Her first Captain was Nicholson Broughton, a captain in the Army, and her crew was recruited from John Glover's regiment. (http://www.history.navy.mil/danfs/h2/hannah.htm)

And then it was off to Corps School.

Yes, I aced Corps school with flying colors and still have the bronze coin where I was the highest scoring student in my class.

After Corps School you were selected for NP technician training. How long was this course?

February to June 1968. I trained at the Bethesda Naval Hospital and St. Elizabeth's. I then received orders to Chelsea Naval Hospital.

Chelsea was a historic property that went back to 1836. Were any of the old buildings still standing?

All of them. In fact one of the oldest buildings on that campus was designed by Charles Bullfinch. It was Officers Quarters at that point. I worked in the neuropsych ward. At the time neurology and neuropsych were combined and these World War II ramps ran the entire perimeter of the campus. It was right next to the main hospital.

I was the senior ward corpsman so every morning was change of shift and sitting down with the night crew going over every patient. They were mostly what I would describe as character disorders. Very often these were kids who were in trouble with their parents, sometimes with the law and were told "you are going to jail if you don't join the Marines." So these kids who were really troubled ended up in Vietnam with rifles in their hands. It was really sad.

Petty Officer Second Class David Ferriero with shipmate and fellow Corpsman Jim Maloney in Subic Bay, P.I., 1970

Photograph courtesy of the Archivist of the United States

At what point did you get orders for Danang?

It was Veterans Day of 1969. They were orders directly to the field. I did not have field medical training nor did I have time in my enlistment to go through this training. It was a screw-up. When I talked with the folks in the personnel office at Chelsea Naval Hospital they contacted Washington and the orders stood. So I flew in March from San Bernardino, California, stopped in Okinawa and everyone got off the plane except me. My orders were directly to Danang.

This must have seemed a cruel joke.

Before I left Chelsea I was told by the personnel folks that I needed to hunt down Chief Dusty Rhoads in Danang. He was the first person I saw in Danang and said to me, "What the hell are we going to do with you?" It was like 110 degrees and I arrived in dress blues. Since I was a psych tech I was told to report to Corpsman Gamble on the psych ward. And I said to Dusty, "Is that Norman Gamble?" And he said, "Yeah. Do you know

him?" I said "I went to high school with him." He was in charge of the ward at this point.

So the deal was they were going to park me there until they figured out what to do with me. I was with the First Medical Battalion, First Marines. Sometime in mid-March Gamble's father died so he went back to the States and I became the head corpsmen for the rest of the month. At the end of the month I had orders to the hospital ship *Sanctuary*. I was an HM2 at the point.

I can't remember feeling unsafe. Even in-country I remember getting up to go to the head and realizing that there was fire on the perimeter of the compound and I was walking through it.

As I said I didn't have field training so when I got there they issued me a flak jacket, a .45 and all this gear and the PX was a mile down the road from the hospital. You couldn't leave the compound without a weapon. I hadn't any training and would probably have killed myself if I tried to shoot someone. So I cleverly figured out this way of pulling my shirt down over my holster so it looked like I had a gun when it was really just a holster. I remember they would do these personnel inspections where they inspected the gun. In boot camp we had half a day of firearms training, but it was mostly rifles. So figuring out how to open it and then to clean the bullets. It was hysterical.

After a month with the Marines you literally found yourself on a *Sanctuary*. What do you remember about this storied hospital ship?

It was a pretty awesome sight when you are going from shore to ship on the launch. It was a big white monster. Another irony of the whole thing, they had recently taken the psych ward off of the ship because patients were jumping overboard. So here I am a NP tech serving aboard a ship with no psych ward. I remember when I reported to the ship they asked us, "Does anyone know how to type?" Since I could type I ended up working in hospital personnel. But I quickly discovered that the Corpsman in charge of triage, Jim Maroney, was someone I had served with at Chelsea. I got to volunteer in triage and thought it was a place I would actually get some experience

A memorable moment was the night when we had seven or eight come in directly from the field. I was starting an IV for one of them and had trouble getting a vein. I remember pulling the needle out and trashing it then starting all over again. As I trashed it he started screaming in agony. I thought, "Oh my god, I am losing him here." It turns out I had thrown the needle onto the gurney he was on and it rolled underneath him and it was sticking in his ass.

Jim Maroney must have had a field day.

Yeah.

Who was the hospital's CO at the time?

The commanding officer of the ship was [Capt.] Elgin Cowart[3] [Medical Corps, USN]. He was a really nice guy. Because I was in personnel, I was responsible for all commendations and correspondence. I would have to go up to his state room and get signatures. The doctors were the chief source of booze aboard the ship. They would always come back from the launch loaded with booze which they were quite generous with.

I used to hang out in the pharmacy. Jeff Jones was the pharmacy tech and he had made friends with one of the cooks in the ship's company. That friend would often bring us these carved watermelon fruit baskets and the

3. Elgin Cowart (1923-2010) served as the the Commanding Officer of *Sanctuary* from 1970-1971. he would later serve as the Commanding Officer of Naval Hospital Port Hueneme, Calif. and later the Armed Forces Institute of Pathology in Washington, D.C.

U.S. Naval Hospital Chelsea, Mass. ca. 1960s

BUMED Library and Archives

12-2001-41

highlight of this relationship was that Jeff was able to get a turkey from him on Thanksgiving. So we had spent Thanksgiving morning running back and forth from Sick Officer Quarters where there was a kitchen with an oven for baking our turkey. We got wine from the medical officers and a group of seven or eight of us had Thanksgiving dinner.

The ship was anchored in Danang harbor for the day and because they were afraid of enemy frogmen it made a big circle up to Hue and back all night long. Because I was personnel I often had the need to be in Danang to deliver papers. In Danang there was a naval hospital and one of the Corpsmen that worked with me at Chelsea was there so I was able to get a ride with him into town. Helicopters would be landing dropping patients off. And there were enough military vehicles all over so it was no trouble to be able to get a ride to town.

Were you taking on a lot of casualties?

Yes, even as late as then. And we were doing a lot of civilian cosmetic surgeries repairing cleft palates.

One of your collateral duties was serving as the director of the "Fantail Follies" show. How did this come about?

It was a *Sanctuary* tradition where they would put on variety shows for the crew. On my second year aboard the ship Jim Maroney asked me to become more involved and be the director. I also helped write some of the biting dialogue. [*laughter*] We did a lot of parody of the officers aboard the ship. It was hysterical.

The *Sanctuary* was your last duty in the Navy and you left service in 1971. Was there ever a chance you would have stayed?

They tried to convince me, but no. I was planning on coming back home.

I read that you thought about becoming a physician when you returned Stateside.

Yes. In fact, I had already made arrangements to come back to Northeastern to finish my degree and change my major from education to liberal arts and load up on the science courses that I had never taken. That first semester back at Northeastern I was doing physics and organic chemistry. I still remember taking this crash course at Harvard over the summer in inorganic chemistry. I went through the process of applying to five or six programs but didn't get into them. I had already gone back to MIT to work and really liked what I was doing.

It's really funny because for two months I fought with my co-op advisor, Nancy Caruso, but she takes complete credit for my career. She was trying to convince me to shelf books in the library at MIT because that was close to education. That was the last thing I wanted to do, but I finally caved and if I hadn't you wouldn't be sitting here. [*laughter*]

You started off as an education major and then served in the Navy as a psych tech. Why did you ultimately decide to pursue a career library science?

I was very fortunate in that I had some people around me who took an interest in my career so while I was hired to shelf books they expanded my set of responsibilities and redefined the job and it was a lot of fun. It was a great group of people, a wonderful environment and I started think seriously about library science.

You have a great story about how you were selected as to become the Archivist of the United States. Could you share this story?

It was April 2009, I was the director of the New York Public Libraries and my assistant comes in and says that the White House is on the phone. I knew I had been nominated to serve as the head of IMLS (Institute of Museum and Library Services) and that's what I had assumed it was. So I get on the phone and this twelve-year old who is working on appointments for the president said "We are looking at you to be the Archivist of the United States."

I was completely flattered, but said "You are looking at the wrong guy. The Archivist is a political appointment and they have never appointed someone who knows the business. Maybe you want the governor of Kansas."

This was a Friday and he asked me to think about it over the weekend. I come back and first thing Monday morning we had the exact same conversation. Ten minutes later a man from the transition team called to ask if he could come to New York and talk with me. That man was Tom Wheeler who is now the Chairman of the FCC. We had a great conversation; we talked about what the president was looking for, the whole government initiative and opening up the records. He asked me if I could come to Washington and talk with the president. So at the end of the week I was in Washington at the Old Executive Office Building meeting with David Jacobson, then the head of the president's appointment committee. It was clear by the time I left that meeting that I knew a whole lot about how to run an operation like this. My entire career I had been responsible for records management and archives as well as library services.

As I was leaving David Jacobson asked, "Can we consider you a candidate?"

And I said, "Yes."

At that point everything was locked down. I couldn't talk with anyone, but the whole vetting process started and seven teams of agents across the country talked with anyone who ever knew me. I kept getting emails

USS *Sanctuary* (AH-17) ca. 1960s

BUMED Library and Archives

09-5068-1

from folks asking me what was going on. The vetting teams could not say why they were asking questions all they could say was that it wasn't a criminal investigation. That went on through June. The Senate finally approved my appointment in November 2009.

Over your tenure as Archivist what initiatives are you most proud of?

I think linking our mission more directly with the Administration's is a real accomplishment and being able to demonstrate that records play an important role. The biggest challenge the federal government has is the shift from paper to electronic and getting our act together around that. We were able to capture the president's attention around this and the White House issued a memorandum on records management. This was the first time since the Truman administration that the president's administration has gotten involved with records management. This gave me the authority to issue a directive to the agencies on where we are going to be after 2019. And these are the things that we are going to do to meet this target. Part of that is the creation of a family of records manager positions within the federal government hierarchy. Right now there is no such thing as a records manager.

How can this be? We have records managers everywhere across the government.

Yes, we have records managers everywhere across the government, but they are filling slots with designations. There is no such thing as a records manager. So we are working now with OPM to create that family of jobs. If I had to point to one thing that would be it. I have been making the argument since I got here that you can't have

an "open" government unless you have good records. Good records management is the backbone of government. And in the president's memorandum he said, "good records management is the backbone of the government."

Can you discuss your involvement in presidential libraries?

We are working now with the White House on their library. The process can take years. First of all there is site selection and we have nothing to do with that. It's establishing the foundation that raises the money to do it. I am really hopeful that we are going to use this presidential library to create a new model for presidential libraries. It is going to be more electronic than any of our other presidential libraries. We are taking advantage of this and making it less "site bound."

Now I look over at your desk and I see a piece of the USS *Constitution* prominently displayed. What does that artifact represent to you?

Having grown up outside of Boston whenever we went to the city the ship was always one of the first places I wanted to go. We have the logs here and I remember this story of the *Constitution* hiding in Marblehead harbor from a British ship and I actually had the opportunity to read that section of the log and it was pretty powerful. Every year the commander of the ship brings some of his crew to Washington, to the Navy Memorial and then here to look at the logs. And one year the commander brought this hunk of a deck and the shell from the cannon.

What are some of your favorite historical documents in the collection?

It changes everyday because the more I see the more I am absolutely stunned that we have it. There are things you know from history that happened but you don't associate them with documentation. So for instance Duke and the New York Public Library have fantastic Walt Whitman collections. Whitman worked in the Bureau of Indian Affairs. When I discovered that we are responsible for civilian personnel records I asked to see Walt Whitman's personal file. In it there is a 4-page letter of recommendation—he was applying for a position in the Attorney General's Office—written by Ralph Waldo Emerson. Isn't that something?

We have Clark Gable's discharge papers in World War II signed by his personnel officer Captain Ronald Reagan. We have a wonderful letter from Annie Oakley to William McKinley offering to raise a troupe of fifty sharpshooter women who would supply their own rifles to fight in the Spanish-American War. You can't make this up. We have the request for a proposal from the Signal Corps for the first ever heavier-than-air flying machine and the contract signed by the Wright Brothers.

That's incredible. Do you make any connection between your experiences as a Corpsman with your later successes?

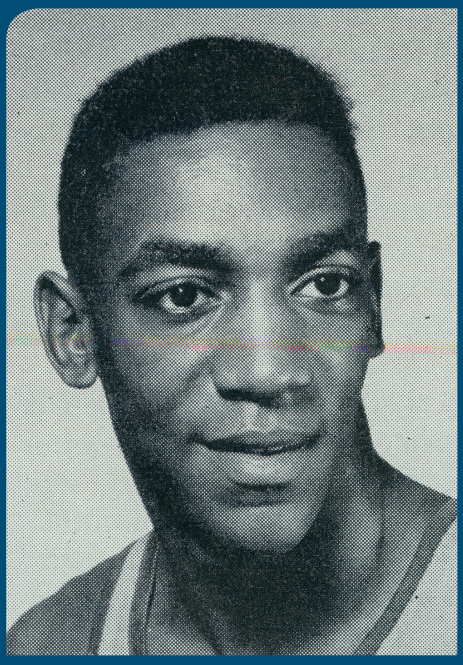
I think it's a combination of the co-op experience at the psychiatric facility and then the psych and medical training that the Navy provided that was incredibly useful. It's stuff I use everyday. I know how to listen and paraphrase, how to be empathetic and how to be supportive, and carve out time for people learning how to work together. All of these things can sometimes get lost.

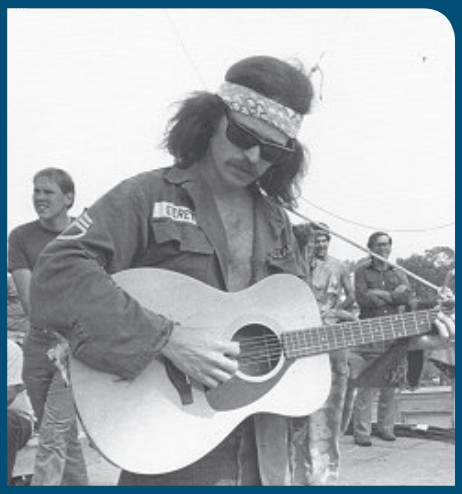
Mr. Ferriero, again thank you for your time today.

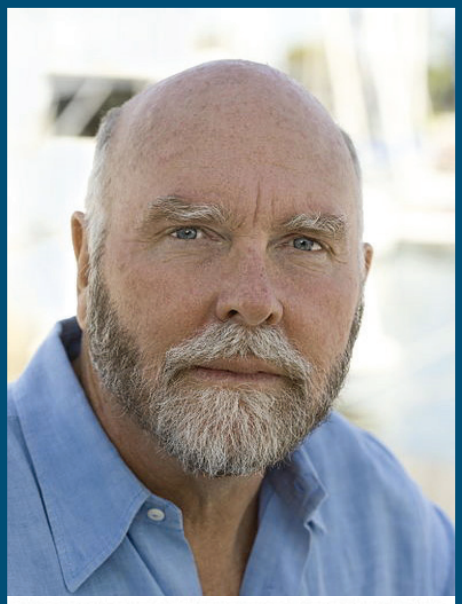
My pleasure.

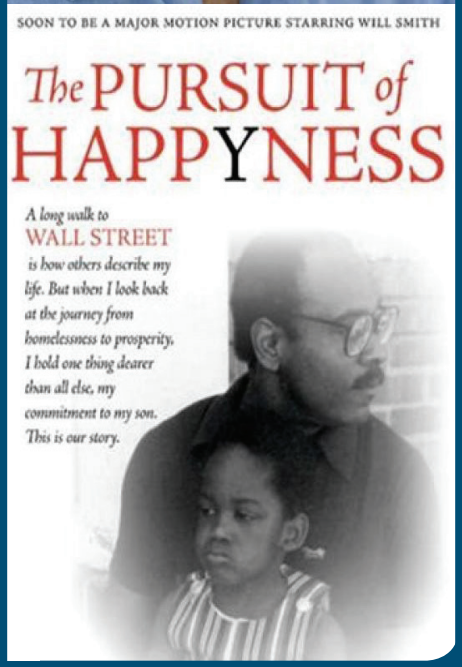
NOTE: This is an excerpt of an interview The Grog conducted with Mr. David Ferriero on January 30, 2014.

A Class of their Own: Notable Former Corpsmen









You may be surprised who has ties to the Navy Hospital Corps. . .

Dr. Bill Cosby's is Navy Medicine's most famous former son. From 1956 to 1961, Cosby served at Naval Hospitals Bethesda, and Philadelphia as a Hospital Corpsman. In his first comedy album "I Started Out as a Child" (1964) he offered a glimpse of his Corps School Training.

Few names in modern art are as big as Robert Rauschenberg. But long before his works went on display in the Guggenheim, Rauschenberg was a Navy neuropsychiatric technician in World War II.

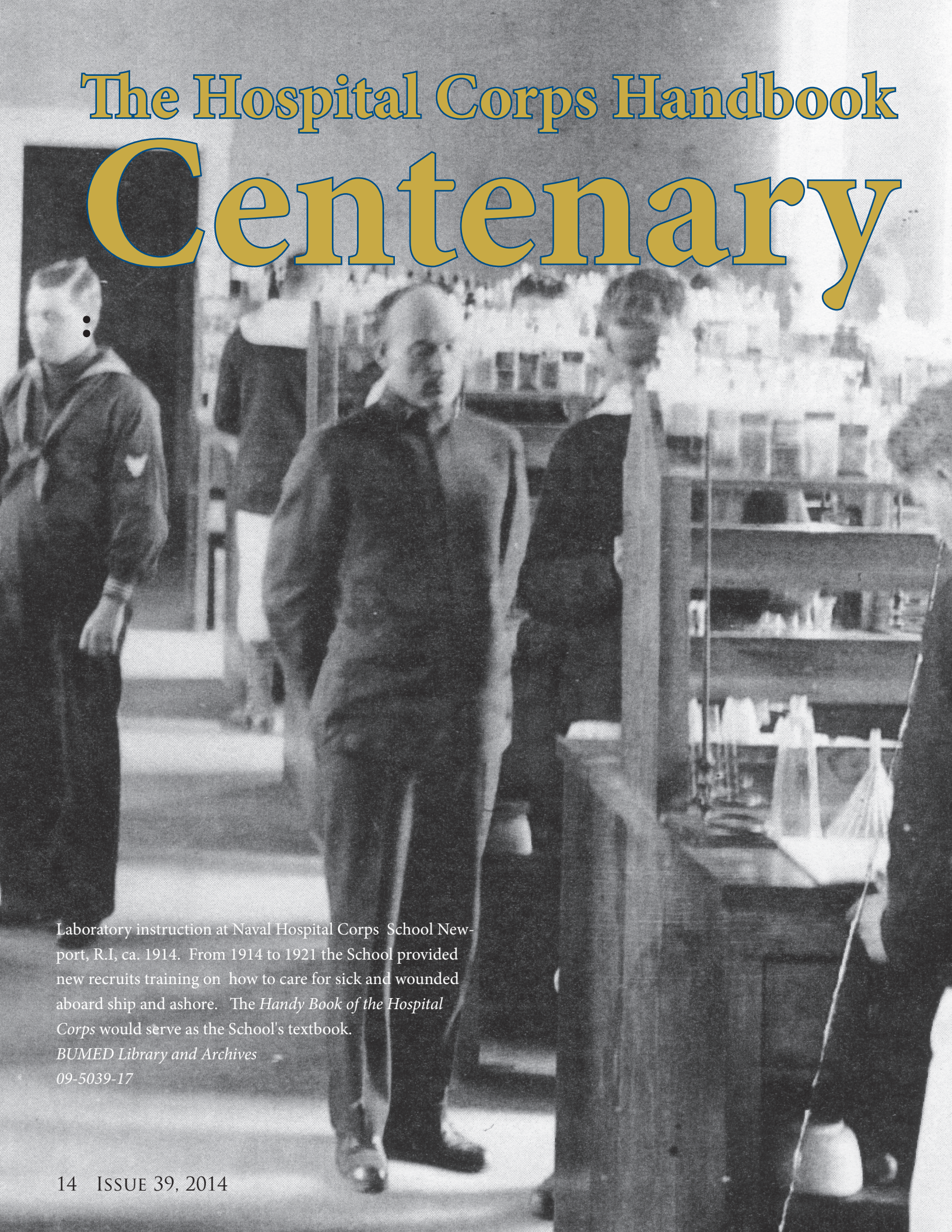
No, Ron Pinkard was not a doctor, but he played one on TV. Before becoming a mainstay on television programs like "Emergency," and "IronSides," Pinkard was an enlisted "doc" at naval hospitals. Pinkard later served as an officer in the naval reserves.

Hospital Corps can claim one of the Woodstock Music Festival's most famous performers. Years before taking center stage and singing "I feel like I'm fixin' to die rag," "Country Joe" McDonald was saving lives as a Corpsman.

Craig Venter is best known as one of the first to sequence the human genome. He is less well known as a Vietnam-era Corpsman who served at sea.

"The Pursuit of Happyness" was a book and later feature film telling the story of Chris Gardiner a former Corpsmen turned multimillionaire with a rags-to-riches story! *ABS*

The Hospital Corps Handbook Centenary



Laboratory instruction at Naval Hospital Corps School Newport, R.I, ca. 1914. From 1914 to 1921 the School provided new recruits training on how to care for sick and wounded aboard ship and ashore. The *Handy Book of the Hospital Corps* would serve as the School's textbook.
BUMED Library and Archives
09-5039-17

The Story of a Textbook, and an Experiment in Formalized Training

"I received my copy of the *Handbook* at the Hospital Corps School, Great Lakes, in 1950," remembers Herbert Renner, a retired Master Chief Hospital Corpsman and Korean War veteran. "I lost it in transit to the Korea in 1952, but somehow I found a copy during my service with the E-2-5 Marines."[1]

Renner carried the book through the battles of the Nevada Cities, and through a 22-year career as a Corpsman. And after all of these years Renner still owns the copy.

For many generations of Corpsmen like Master Chief Renner the *Hospital Corps Handbook* was the ultimate keepsake; a souvenir of Corps School, a bound memory book of their unique naval service, and an invaluable medical reference. Over the years, the *Handbook* was issued to newly-minted HMs as a "general guide and reference book," par excellence. What *Gideon's Bible* was to American hotel chains in the 1960s, the *Hospital Corps Handbook* was to Navy Medicine over the course of several generations. From the second decade of the twentieth century through the 1980s, it could be found in medical libraries, hospitals, ships and stations across the globe, anywhere there was a Navy medical presence.

The Birth of the Handbook

One hundred years ago, as the "world war" erupted "over there," the U.S. Navy Medical Department remained a small peacetime organization consisting of 21 active duty dentists, 135 nurses, and 311 physicians. The Hospital Corps numbered just 1,437 across three enlisted rates—Hospital Apprentice, Hospital Apprentice First Class and Hospital Steward.[2] As with opportunities for advancement, training was also limited for early twentieth century Corpsmen. At the beginning of 1914, new Hospital Corpsmen could not attend formal classes at a school of instruction (or a Class "A" School) as was the case from 1902 through 1911.

Upon enlisting all new Hospital

1. E-mail exchange with HMCM (ret.) Herbert Renner, October 29th, 2013.

2. *Annual Report of the Surgeon General, U.S. Navy Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1914.* Washington, DC: GPO. 1914.

Apprentices were sent to a naval training station for basic recruit indoctrination. Corpsmen training would be the same as that of a boatswain's or machinist's mate, except for the fact that first aid drills were substituted for gunnery practice.[3] Following basic training, Corpsmen were then sent to serve shipboard for a year where medical instruction was given at the discretion of Navy medical officers.

It is little surprise that many of the Hospital Corpsmen who entered service between 1911 and 1914 lacked the skillset of their predecessors who were indoctrinated into medical practice even before their naval service. After three years of following this "course," reports from the field proved discouraging. There was no standard by which Corpsmen were trained and many still lacked the most fundamental requirements. According to reports to the Surgeon General, some Corpsmen came to ships without knowing how to take the temperature of a patient.[4] It was in this educational void that the *Hospital Corps Handbook* was created as a means of establishing formalized instruction.

Originally called the "*Handy Book for the Hospital Corps,*" this book was the first BUMED-sponsored text prepared for the education of Corpsmen. It was edited by Passed Assistant Surgeon Lucius Johnson,[5] under the "direction of the Surgeon General" William Braisted. The book was organized into 18 different sections covering "everything a Hospital Corpsman needed to know" in just 194 pages. Topics included Anatomy and Physiology (pages 5 to 27), First Aid (pages 28 to 31), Bandaging (pages 39 to 42), Field Hygiene and Sanitation (pages 43 to 46), Personal Hygiene (pages 57 to 59), Air and Ventilation (pages 60 to 64), Prevention of Diseases (pages 65 to 72), Pharmacy (pages 73 to 99), Chemistry (pages 116 to 132), Hospital Duties and Ward Management (pages 136 to 140), the Operating Room and Surgical Technique (pages 155 to 158), and Clerical Duties (pages 159 to 194).

The chapter "On the March" (pages 47 to 59) dealt with the health of expeditionary forces and landing parties. "Who should be excluded from expeditionary forces and landing parties?" Answer: those with "venereal diseases; deformed or sore feet; bad teeth or diarrheal diseases; or men convalescing from disease or injury or not in robust health, or who are very fat; and men under 20 or over 45 years of age." Other parts of the chapter included "caring for sore feet," "treating body vermin," and "precautions" needed for drinking water on the march.

The chapter "Medicines and Medicinal Agents of the USN Supply Table" (pages 100 to 115) listed every medicine used by the Navy, their properties, and recommended dosage. Menthol was defined as an "alcohol obtained from oil of peppermint…having an odor of peppermint; sparingly soluble in water;

3. Harrod, Frederick. *Manning the New Navy: The Development of a Modern Naval Enlisted Force, 1899-1940*. Greenwood Press: Westport, Conn. 1978. p84.

4. Braisted, William (Rear Adm.) Memorandum for the Judge Advocate General: The number of offences committed by members of the Hospital Corps, and its relation to their ratings. October 23, 1914. National Archives. BUMED Record Group (52). 126447.

5. Lucius Johnson was then serving as the editor of the Bureau of Medicine and Surgery's "house journal," the *Naval Medical Bulletin*.

Students at Naval Hospital Corps School Newport, R.I. practice lessons in bandaging.

Courtesy of the Naval War College Museum

freely soluble in alcohol. Used externally. Dose: 65 milligrammes."

"Naval Hospitals" (pages 133 to 135) contained everything Corpsmen needed to know to find their way around medical facilities in the Navy including general plans, and functional descriptions of buildings located on hospital grounds in 1914 (everything from the "main hospital" to the "stables" to the "infectious wards.")

The first *Handbook* was a *vade mecum*, pocket-sized book similar in appearance to 1899 *Merck Manual*. Each book was bound in flexible buckram and measured just 4 x 5.5 inches with a thickness of half-an-inch. Surgeon General Braisted described it as "a very pleasing little book, and reflects a great deal of credit on the officers who compiled the information contained therein." Costing about eighteen cents, each member of the Hospital Corps was originally required to pay for his own copy.[6]

BUMED submitted the typewritten manuscript to the Naval Institute Press

6. Braisted, William (Rear Adm) to McCullough, Frank (Cdr). May 25, 1914. National Archives. BUMED Record Group (52).126447. Starting in 1917, the *Handbook* would be issued "free of charge" to all members of the Hospital Corps.

Litter Drills at Naval Hospital Corps School Newport, R.I. Surgeon J.B. Kaufman, Director of the School (and later founder of the Hospital Corps School Great Lakes in 1917) can be seen on the right.

Courtesy of the Naval History and Heritage Command

in March 1914 for publication. Copies could be obtained through requisition to the general storekeeper at any Navy Yard or station through ship or station paymaster. In a circular letter dated October 31, 1914, Braisted requested that all medical officers see "to it that each hospital corpsman supplies himself with a copy of this *Handy Book* and that courses of instruction are carried out, using the book as an elementary textbook.[7]

A School for a New Textbook

In Spring 1914, as the typewritten manuscript was being prepared for printing, Surgeon Frank W. McCullough was in Newport, R.I., looking for a new home for the proposed Hospital Corps School. The Surgeon General decided that the disestablishment of the Corps School in Washington, D.C. was made in haste and a new school of instruction for prospective Corpsmen should be established at what was then the nation's oldest and largest training station.

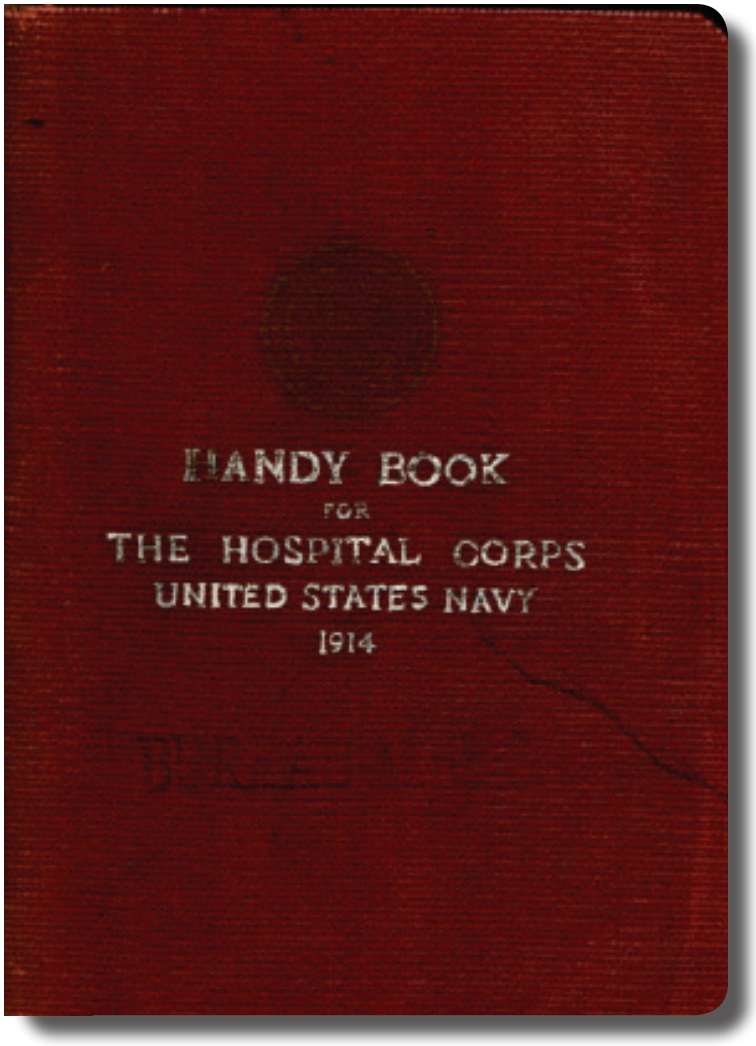
McCullough selected the old Naval Hospital Newport on Coasters' Harbor Island, as the new home for the school. Externally, the old hospital was an imposing and attractive wooden structure measuring 60 feet long and 33 feet wide. Its three-story central building was

7. BUMED Circular Letter dated October 3, 1914. National Archives. BUMED Record Group (52). 126186.

flanked by two single story wings that originally served as the hospital's wards. At its peak it could house as many as 102 patients; following its transformation to a schoolhouse it would accommodate as many as 100 students.

The old wards were transformed into classrooms and laboratories. The corridors now contained specimens of crude drugs and exhibits. Closets and quarters now held stretchers and litters, sterilizing outfits, and medical supply tables. The large ward was equipped with a small lecture platform and 100 desks and seats arranged in rows and aisles. All lectures except those relating to lab subjects were given here.

The first class of Hospital Corps School Newport commenced on June 18th, 1914. Corpsmen at the school would receive didactic training for a period of six months embracing everything in the *Handy Book of the Hospital Corps*. Upon successful completion of training those who passed the course would be sent to a naval hospital where they would receive additional practical nursing training for six-months and then be sent to sea. After a year on active duty they were eligible to take examination for advanced rating in the Hospital Corps.



Cover of the first edition of the *Handy Book of the Hospital Corps* (1914)

BUMED Library and Archives

BUMED disestablished the Hospital Corps School Newport in April 1921. In its wake, the Navy would operate Hospital Corps Schools at Yerba Buena, Calif. (1915-1923), Great Lakes (1917-1921; 1942-2010), Hampton Roads, Va. (1917-1920), Mare Island, Calif. (1923-1928), Portsmouth, Va. (est. in 1921) and even Class "C" Schools at Columbia University, University of Minnesota and College of Pharmacy in Philadelphia.

Through the evolution of enlisted medical training the *Handbook* would remain the textbook of choice of all of these schools. It would periodically be produced over the years in increasingly expanded—and far from pocket-sized!—editions. In 1923, it was renamed the "*Hospital Corps Handbook*." In 1962, the bound editions were replaced by an easily updated binder edition. Today the original handbooks are highly collectable souvenirs that can frequently be found on the online auction site eBay. ***ABS***

8. McCullough, Frank (Cdr.) to Braisted, William (Rear Adm.). May 27th, 1914. National Archives. BUMED Record Group (52). 126447.

9. Braisted, William (Rear Adm.) to JAG. October 23, 1914. National Archives. BUMED Record Group (52). 126447. After 1917 training would be reduced to three-months.

Anatomy and Physiology. Two lectures a week, one hour each covering all the matter included in the *Handy Book*. Instruction by lectures and demonstrations on the skeleton, manikin, and outlines of the human body. Instruction is repeated so that within six-months of instruction the course is completed two times.

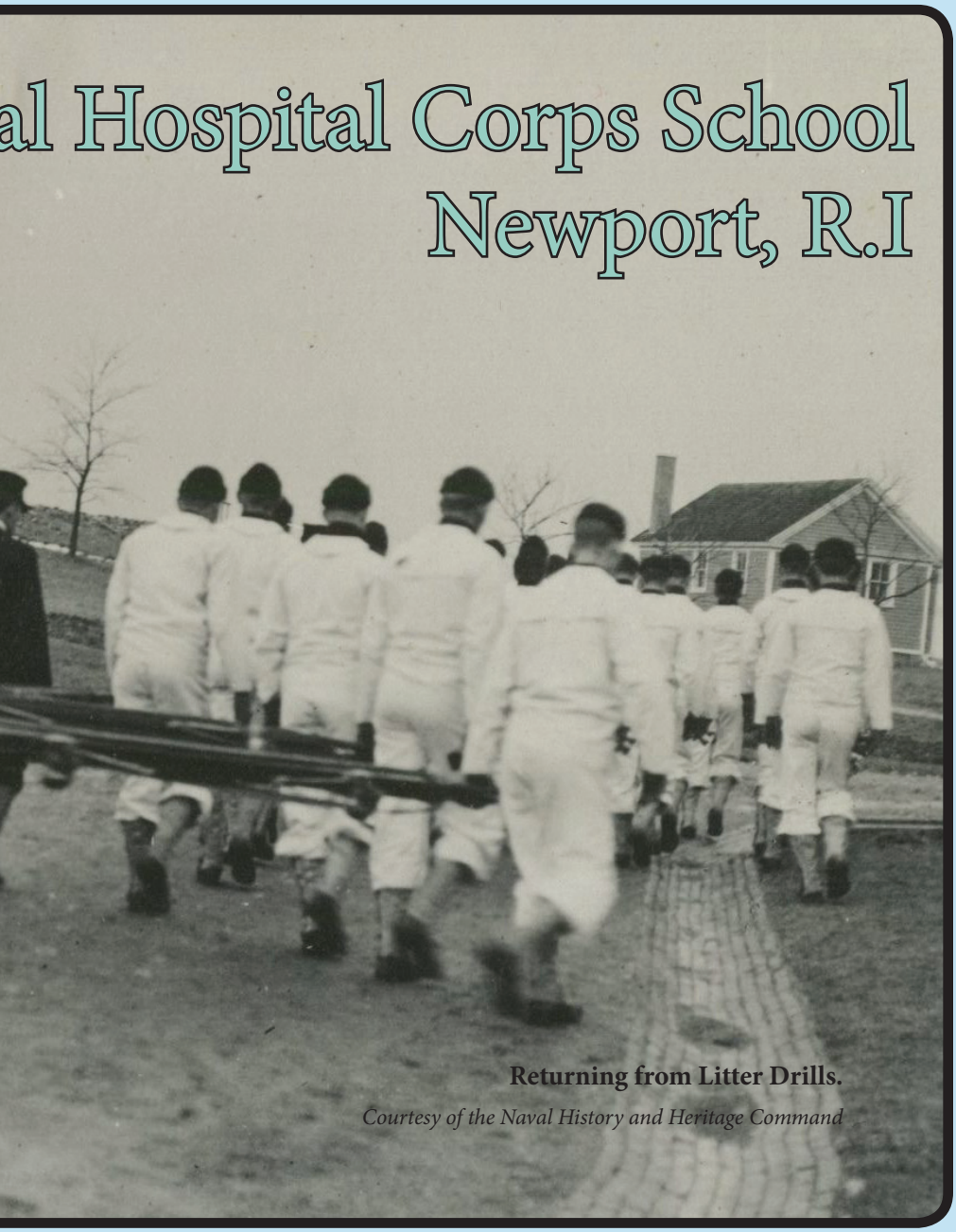
First aid and Emergency Surgery. One hour each week with spare hours used as they arise. Course follows the *Handy Book*. Lectures and drill on the control of hemorrhage, the resuscitation of the apparently drowned and from electric shock. The care of casualties aboard ship and with landing and expeditionary forces. Transportation of the wounded and general consideration of surgical emergencies.

Nursing. Course taught by member of the Navy Nurse Corps (Miss McCloud) and follows course in the *Handy Book*. Two-hours each week are devoted to the course. Lectures on nursing, on hospital duties and ward management, on the operating room and surgical technique. Practical work in nursing, hospital duties, and ward management, and in the operating room.

Hygiene and Sanitation. One lecture/week, one hour duration. Course embraces outlined in the *Handy Book*. Lectures on ship and field hygiene, lectures on hygiene of the march, food and water, personal and general hygiene. Practical fumigation, oiling, under instruction of a hospital steward. Course is completed twice within six months.

Clerical Work. One hour a week. This course embraces instruction in the actual compilation of all forms used by the Medical Department, also such Navigation forms as are handled by the Medical Department. Course provides instruction in the preparation of official letters, reports of boards, records of proceedings in case of medical boards etc.

Pharmacy. Daily course, six and one-quarter hours each week. Pharmacist and hospital stewards serve as instructors. The manufacture of all pharmaceutical preparations in the laboratories, each student provided with an individual desk, fully equipped with apparatus and material. The manipulation to be performed by the student, under the guidance of instructor.



Returning from Litter Drills.
Courtesy of the Naval History and Heritage Command

Chemistry. One hour, once each week. A laboratory course in elementary chemistry. A course in urinalysis (qualitative and quantitative). A course in the detection of preservatives in foods.

Materia Medica and the Action of Drugs. Instruction by lectures and examination. Includes instruction in all the drugs in the Navy supply table; official Latin and English titles, natural orders, common drug names, description of plants and minerals, preparation of each drug with dose of each physiological action and limited therapeutics. Crude drugs and supply table specimens are used for demonstrating purposes. Simple tests are given for the most important alkaloids. The students will be instructed in the administration of anesthetics at the station dispensary. An elementary course in botany using plants on the station for field and laboratory purposes.

Toxicology. Lectures on poisonous doses of medicines with their appropriate antidotes.

Foods and cooking. This course includes lectures and demonstrations on the usual articles consumed as food. Practical demonstration of cooking for the sick.

Minor Surgery and Bandaging. One lecture a week of one hour duration embracing the subjects outlined in the *Handy Book*. Except for bandaging, the greater part of this course is purely theoretical as it is manifestly impossible to demonstrate minor surgery practically in the school.

Bacteriology. Course includes one-hour lectures once each week. Definition of bacteria, general classification, demonstrations of simpler methods of staining of blood counting and of differential staining.

Litter drill. Carried out daily on Mondays, Tuesdays, Thursdays and Fridays from two to three p.m. except when unfavorable conditions interfere.

Looking Back at John "Doc" Lavan:
Major League Baseball's Only Navy Physician

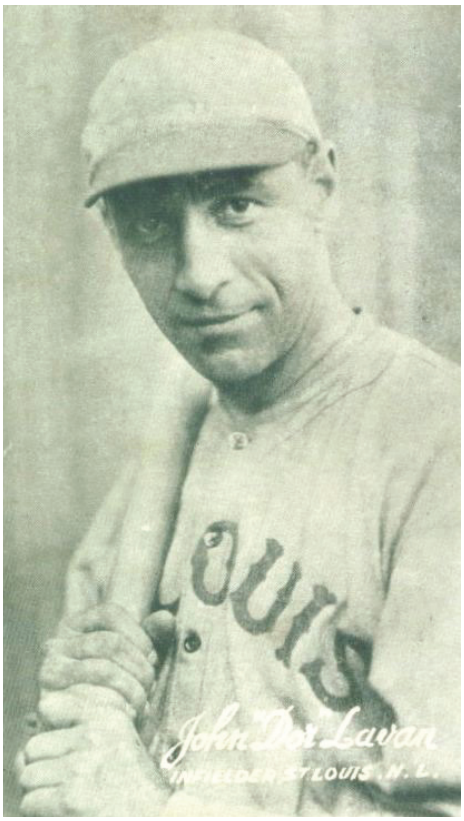
The website "Baseball Reference" lists over 100 Major League and Negro League baseball players nicknamed "doc." A majority of them were pitchers known for their mastery of throwing the baseball or as it has been termed, "holding a clinic." Of baseball's "docs" several were actual physicians. In the 1906 World Series—the only time two Chicago teams battled each other in the Fall Classic—the Cubs and White Sox boasted three degreed physicians on their active rosters.

Some ball players pursued medicine following their athletic careers. Archibald "Moonlight" Graham (1879-1965) played one game for the New York Giants in 1905 (without an actual "at bat"). "Doc" Graham would spend the next fifty years practicing medicine in Chisholm, Minn. His plight would be made famous by the W.P. Kinsella book, *Shoeless Joe* later adapted to the big screen in 1989.

On baseball's "field of dreams," only "Doc" Lavan can claim to have held a commission as a Navy physician during his Major League career. From 1913 to 1924, John Leonard Lavan played shortstop for the St. Louis Browns (later Baltimore Orioles), St. Louis Cardinals, Washington Senators, and the Philadelphia Athletics where he served on the World Series team alongside Eddie Collins and Frank "Home Run" Baker.

Born in Grand Rapids, Mich. on March 28, 1890, Lavan went to Hope College, Holland, Mich. and later medical school at the University of Michigan where he played on a baseball team coached by Branch Rickey. In 1913, when Rickey became manager of the Browns, he brought Lavan with him to play shortstop. In his rookie season, while still balancing studies as a medical student, Lavan would hit a measley .141 average in 46 games before being "lent" to Connie Mack's World Series bound Philadelphia Athletics. Lavan would use his winning World Series share of $3,294 to pay off his medical school tuition and earn his doctorate in medicine. He would return to the Browns in 1914 as a full-fledged doctor.

In 1915, Lavan lead the league in assists as shortstop, but also strikeouts (83) and errors (75). During these years the St. Louis Browns were consistently one of the worst teams in baseball; the team's shining star was first baseman and future Hall of Famer "Gentleman" George Sisler, Lavan's former teammate at the University of Michigan. In a 15-year career, Sisler would accumulate 2,812 hits and earn a lifetime batting average of .340.



John "Doc" Lavan while playing for the St. Louis Cardinals.

Courtesy of the National Baseball of Fame

During the 1916 season, Lavan also played alongside of one James "Doc" Crandall. Although not an actual physician, Crandall was notable as an early relief pitcher and was given the nickname "Doc" by writer Damon Runyan who said that he was the "physician of the pitching emergency."

Following a dispute with the Browns' owner in the 1917 season, Lavan was traded to the Washington Senators for $15,000 and pitcher

Bert Gallia (best known for striking out Ty Cobb in an exhibition at St. Louis College.) Lavan would hit .278 in 118 games for the third-place Senators team that included pitching legend Walter "Big Train" Johnson.

In 1918, the United States was in its second year fighting in the Great War. Like their counterparts in World War II, Major Leaguers joined the war effort in 1917 and 1918 in droves. Hall of Famers Grover Cleveland Alexander, Christy Mathewson, Tris Speaker and Lavan's teammate George Sisler were among the first to enlist their services. It is interesting to note that eleven Major and Negro League players would die in World War I due to combat or influenza.

Lavan applied for a commission in Navy Medical Corps following the 1917 baseball season. As he stated to the press, "While I like the game, I felt it was my duty to enlist with the country at war. If I survive, surgery and medicine will be my profession and not baseball."

While on active duty, Lavan would serve as a physician at the Naval Training Station, Great Lakes where he conducted exams on new recruits. He would also act as a manager for the Navy's baseball club.

Lavan returned to baseball in May 1919 as a St. Louis Cardinal playing again for his old manager Rickey and alongside Hall of Fame second baseman Rogers Hornsby. He would have his best season with the Redbirds in 1920, hitting .289 in 142 games. Doc Lavan was released from the Cardinals in 1924. His shortstop duties were taken over by Specs Toporcer, considered by some the first bespectled major league baseball player in history.

"Doc" Lavan Baseball Card, American Caramel Company, 1921. In addition to being one of the largest producers of candy in the United States, the American Caramel Company was famous for its baseball card sets produced from 1900 through the 1920s. In addition to John Lavan, the 1921 80-card set included the likes of Babe Ruth, and Ty Cobb.

Author's Collection

Following his playing days, Lavan would go on to manage the minor league clubs Kansas City Blues and then, fittingly, the Lincoln "SaltDogs" until 1927. While playing for the Browns and Cardinals, and later managing the Blues and SaltDogs, Lavan worked in the respective city dispensaries during the offseason. Following baseball, he operated private practices in St. Louis, Kansas City, and then worked in public health departments in Toledo, Ohio and Grand Rapids, Mich. In the 1940s, Lavan would serve as the Director of Research for the National Foundation for Infant Paralysis (later known as the "March of Dimes.") He would remain in the Naval Reserves throughout this time and was recalled to active service in 1942 where he served at Naval Hospital Brooklyn, N.Y.

Lavan died in Detroit, Mich. on May 29, 1952 and would later be one of the few baseball players interred at Arlington National Cemetery. ***ABS***

References

Baseball-Almanac.com

Baseball-Reference.com

Marlon Bressi. "What's Up Doc?" http://voices.yahoo.com/baseball-history-whats-doc-8499813.html

"Lavan to get commission in Navy and probably will be lost to Nationals." The Washington Post; Jan 10, 1918. p8.

McNeil, William. "The Evolution of Pitching in Major League Baseball." Jefferson, NC: McFarland Press. 2006

Weintraub, Robert. "Two who did not Return." The New York Times. May 25, 2013. weblink: http://www.nytimes.com/2013/05/26/sports/baseball/remembering-the-major-leaguers-who-died-in-world-war-ii.html?_r=0

A History of the Navy Ambulance: Part II: Ambulances in the Great War

Of course to drive an ambulance, you've got to learn to drill
So every morning, afternoon they put us thru the mill,
And when this war is over, you will find us at it still,
For we never saw an ambulance and never, never will!
Over There
~World War I Army March Verse

Like the birth of smart phone culture and social media a century later, the second decade of the twentieth century saw great societal changes at the hands of new technologies. Roads and traffic laws, traffic signs and signals, garages and gas stations sprouted up across the U.S. landscape during these years. This was the springtime of the automotive age. At naval hospitals, the horse-driven ambulance carriages were quaint reminders of an earlier age that was rapidly fading from memory. Still, throughout the 1920s it was not uncommon for hospitals to have both horse and car in its ambulance fleet, and garage and stable on their campuses.

The 1910s did see two ambulance firsts in the Navy—the deployment of motorized ambulances overseas to Guantanamo Bay, Cuba, and Haiti, and the purchase of the first eight-cylinder "high speed" ambulance.[1] However, while the Navy retained robust ambulance services stateside and at certain overseas activities, transporting casualties in France in the "Great War" fell to the American Expeditionary Force, or more specifically the Army Ambulance Service (AAS) and Red Cross.

The Navy Enters World War I

Throughout World War I, Navy medical personnel served with Marine Corps units on the Western Front; aboard every man-of-war, troop transport, and supply ship; with submarine divisions, aviation groups; and with the United States Railway Battery in France. In 1917, the Navy deployed 38 physicians, 5 dentists, 66 nurses and 348 hospital corpsmen to France. What they encountered were trench warfare's frightful realities of fighting "over there"—trench foot, disease, rats, vermin, the complete absence of the most rudimentary hygiene, and the terrifying results of gas warfare, shrapnel, blast injury, high-velocity projectile wounds, and psychiatric disorders, then collectively known as "shell-shock." From that terrible conflict in Europe, medical personnel became skilled in trauma resuscitation, the treatment of wounds and infectious disease, and the psychological wounds of war.

To support the American Expeditionary Forces, the Navy established five hospitals in Europe. They included Navy Base Hospitals Numbers 1 and 5 at Brest, France, Navy Base Hospital No. 2 at Strathpeffer, Scotland, Navy Base Hospital No. 3 at Leith, Scotland, and Navy Base Hospital No. 4 at Queenstown, Ireland.

Busiest among these were the base hospitals 1 and 5. Throughout the war Brest served as a major port where American troops disembarked and thousands of wounded were sent home. Navy Base Hospital No. 5 had a minimum capacity of 500 beds and throughout the war it averaged 400 patients. The hospital had all the facilities necessary for providing advanced medical and surgical care and received patients from other naval stations in France, from the Merchant Marine, and from AAS and Red Cross automobile ambulances from the field.[2]

1. The Cadillac "Type 57" was purchased by Navy in March 1918.

2. Herman, Jan and Andre B. Sobocinski. *Short History of Navy Medicine*. BUMED. 2007.

Triage Field Hospital in France, ca. 1918. A Field Hospital of the Second Division, AEF at Somme Py, north of Chalons during the Champaigne fighting. Naval doctors and Hospital Corpsmen served in this hospital which was formed of ruins and tentage. Here smaller ambulances (Fords) transferred their wounded into larger ambulances (GMCs).

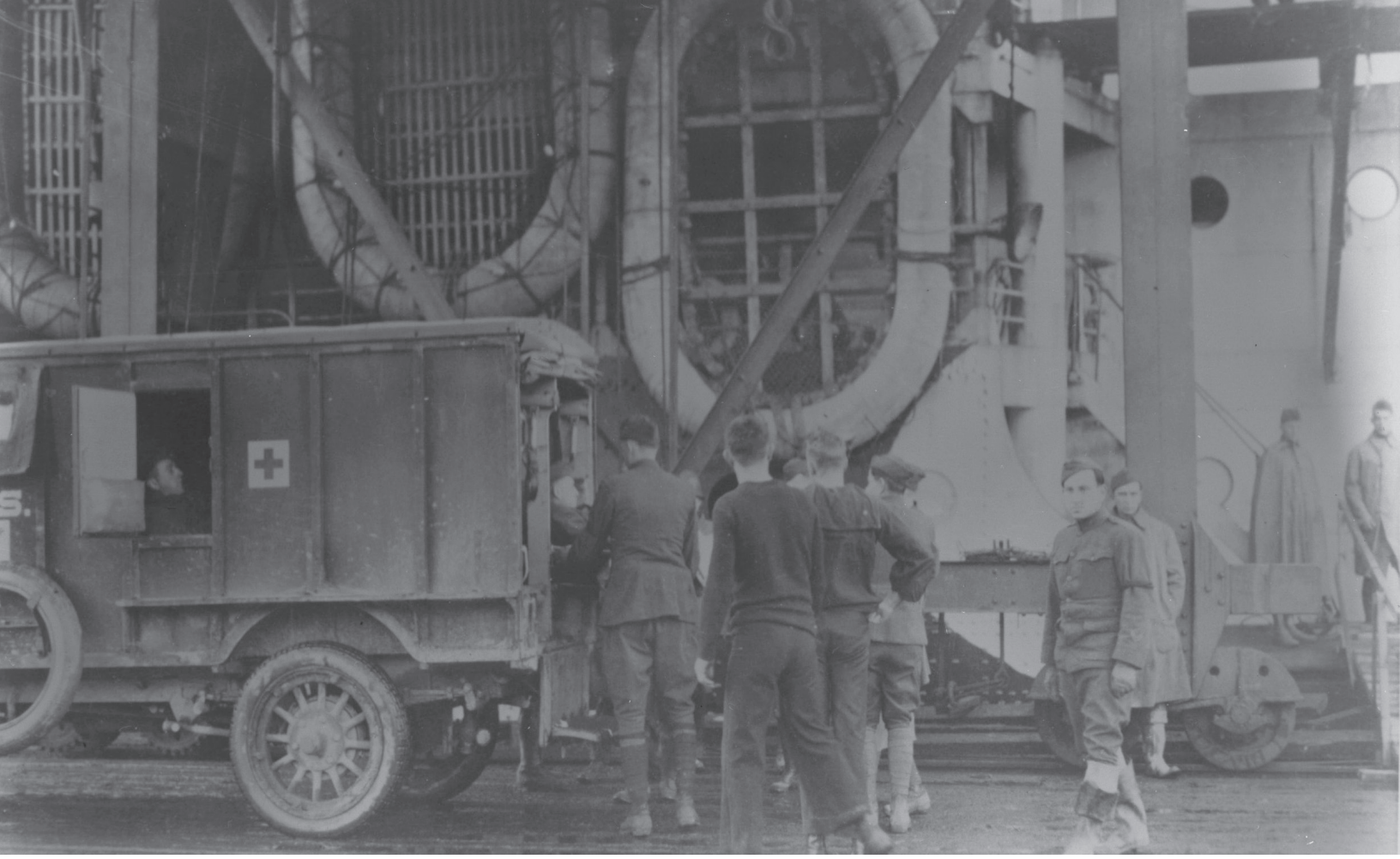
BUMED Archives.

The American Expeditionary Force has been called the "first truly motorized force ever fielded" with some 60,000 vehicles being employed in theater.[3] What airplanes were in World War II, and helicopters in Korea and Vietnam, the Army and Red Cross Ambulance service was in World War I.

As Cadillac, Dodge, and General Motors vied for military ambulance contracts in World War I, it was a company owned by the great American Pacifist Henry Ford that proved victor. According to author Tim O'Callaghan, in World War I, the Ford Motor Company produced over 30,000 vehicles for wartime needs including 5,745 military ambulances. This did not include Ford chassis delivered to the French government.

The American Expeditionary Forces in France used more Ford vehicles than any other make (20,652 Fords to 18,039 non-Fords). Fords were less expensive, purportedly easier car to drive, and had legendary durability and the ability to navigate uneven ground.

3. Crumley, Beth. "Elizaberth Ford" A Model T Truck in France. The Huffington Post. 1/31/2012. http://www.huffingtonpost.com/beth-crumley/blog-elizaberth-ford-a-mo_b_1244897.html#



AAS Ford Model T Ambulance transporting patients to USS *Siboney* then docked in Brest, France.

BUMED Archives.

The Model T, which had been produced by Ford since 1908, was adapted for the war effort.[4] As Katherine Barkley would write in her seminal history of ambulances, the Model T was fitted with full-width double doors to accommodate litters. Its body was divided into three compartments. "In the rear, the entrance lobby contained a two-hundred liter water tank, wash basins and linen, and medical cabinets. The middle section formed an operating theater about twelve feet long and seven and a half feet wide, complete with operating table and electric light. The front compartment held the sterilizers. When the vehicle was stationary, folded tenting—which was affixed to each side of the body—was erected to form reception areas for patients with minor injuries or those awaiting attention."[5]

By war's end, the AAS consisted of 224 officers and 11,750 enlisted personnel. Three of its officers received the Distinguished Service Cross and sixty-six were awarded the French Croix de Guerre. Seventeen sections were cited in French Army orders. No officers were killed or wounded, but 182 enlisted soldiers were killed in action or died of wounds and another 320 were wounded or gassed.[6] The AAS Ambulances travelled throughout the battlefield, frontline aid stations and field hospitals to Army and Navy base hospitals in the rear. American service

4. O'Callaghan, Timothy. *Ford in the Service of America: Mass Production for the Military During the World Wars*. McFarland & Company, Inc. Jefferson: North Carolina. 2009. pp 8-10.

5. Barkley, Katherine Traver. *The Ambulance. The Story of Emergency Transportation of Sick and Wounded Through the Centuries*. Load N Go Press: Kiamesha Lake, NY. 1993. pp 101-105.

6. Chief Surgeon Report, AEF. http://history.amedd.army.mil/booksdocs/wwi/ChiefSurgeonAEFreportrev.htm

personnel wounded in World War I enjoyed a much greater chance of surviving than had their predecessors in previous wars. According to one estimate from August 1, 1917 to the armistice in November 1918, the Army Ambulance Service had evacuated some 214,467 Army, Navy and Marine Corps casualties in Europe.[7]

Next Installment:
The Navy and the Henney-Packard Ambulance

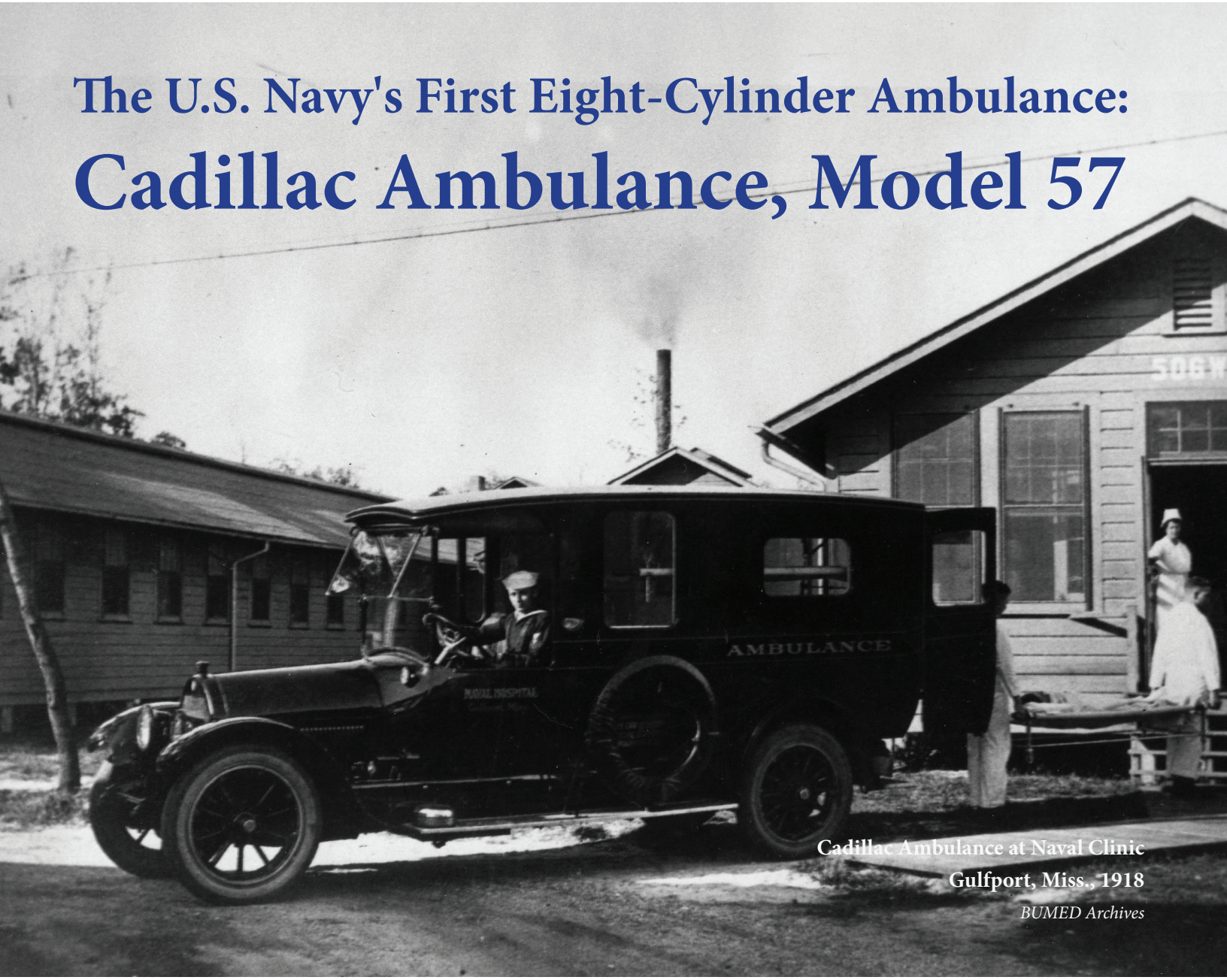
Navy Ambulance service at Naval Hospital Puget Sound, Wa. ca. 1918.
Courtesy of Puget Sound Museum

These vehicles are in chronological order from the right to the left. The oldest is on the right. The vehicle on the far right is a Ford Model T. The Prestolite acetylene gas cylinder mounted on the running board is evidence of gas lighting.
SECOND VEHICLE FROM RIGHT. World War I-era Hudson. The very simple open bodies on both this and the Ford Model T could be made in a wood shop.
THIRD VEHICLE FROM RIGHT. Buick from the 1917/1918 era.
FOURTH VEHICLE FROM RIGHT. This was a high-end powerful vehicle judging from the heavy rear wheel construction also 1917/1918. The common practice was for hospitals to buy the chassis and contract out with a carriage builder to make up the body sometimes to the specific design of the institution. This design was based on their practical experience in the field and ultimately saving money.

7. World War I: Ambulance Service. http://history.amedd.army.mil/booksdocs/HistoryofUSArmyMSC/chapter2.html.

The U.S. Navy's First Eight-Cylinder Ambulance:

Cadillac Ambulance, Model 57



Cadillac Ambulance at Naval Clinic
Gulfport, Miss., 1918
BUMED Archives

Specifications for the Navy's First Eight-Cylinder Ambulance

Excerpted from "Specifications for Standard Ambulances from Cadillac Motor Company to Paymaster General's Office, Navy Department, March 15, 1918," BUMED Correspondence Files (RG52), National Archives, Washington, D.C.

ENGINE: Eight-cyclinder V-type, high speed, high efficiency. Engine and transmission built in unit, three-point suspension. Cylinders cast in two blocks of four cylinders each, with water jackets and combustion chambers integral; detachable heads. 3-1/8 inch bore by 5-1/8-inch stroke. Piston displacement 314 cubic inches. Crankcase, aluminum, copper alloy. Tungsten steel valves. Valve mechanism enclosed. Three-bearing crankshaft 1-7/8-inch diameter of chrome nickel alloy steel, special heat-treated. Main and connecting rod bearings of liberal dimensions, Cadillac special bearing metal, with bronze reinforcment. Single camshaft, five bearings. Camshaft and generator shaft driven by silent chains from crankshaft.

HORSEPOWER: N.A.C.C. rating 31.25.

COOLING: Water, forced circulation. Jackets cast integral with cylinders, liberal water circulating space. Two centrifugal pumps, one for each block of cylinders, insuring proper water distribution. Radiator, Cadillac tubular and plate type. Fan

attached to generator shaft, driven by silent chain. Water temperature regulated by Sylphon thermostats.

IGNITION: Cadillac Delco, improved system. Current supplied by generator.

CARBORATOR: Cadillac, designed especially for this engine, insuring uniform gas distribution and maximum efficiency. Auxiliary air control to facilitate starting. Intake pipe, hot-water jacketed.

TRANSMISSION: Aluminum case. Selective type sliding gear, three speeds forward and reverse. Chrome nickel steel gears and shafts.

BRAKES: One internal and one external brake direct on wheels, 17-inch x 2-1/2 inch drums. Exceptionally easy of operation. Both equipped with equalizers.

WHEELS: Wood, artillery type, running on Timken bearings, fitted with demountable rims for straight-side tires. Special large hub flanges and substantial spokes.

TIRES: 35-inches by 50-inches. Non-skid on rear wheels. Tire equipment subject to change on cars shipped outside the U.S.A.

FUEL SYSTEM: Twenty-gallon tank with gauge, at rear of chassis. Fuel forced by air pressure to carborator.

BODY: Body is constructed of carefully selected well seasoned, thoroughly dry touch white ash, ironed and braced at all joints and covered with #18 gauge auto body stock. Interior is lined flush with agasote.

ROOF: 3-ply panel, that portion over driver's compartment is lined with mahogany on underside bows, finished natural. The exterior of the roof is covered with duck, laid in lead. Interior compartment has agasote headlinings.

FLOOR: Gray corrugated rubber, fitted and glued to floor and bindings fitted.

WINDSHIELD: Rain vision ventilating type. The rain vision panel is adjustable. Finished enamel to match body, nickel trimmed.

WINDOWS: Frameless slide glass type in the partition back of the driver's seat, drop glass in the side and rear doors and in the body opposite limosine door, stationary windows in each side of body. Ventilators above the windows in the partition back of the driver have capacity of not less than two standard ventilators with 2 x 6 plates.

CURTAINS: Drab silk curtains on automatic rollers are provided at all windows of the ambulance compartment. Storm curtains are provided for the driver's compartment with straps for rolling curtains out of the way when not in service.

ELECTRIC WIRING: Bodies are wired complete including two dome lights located in roof of Ambulance compartment. Wire is #14 red and green Boston insulated, the feed wire being red and the ground wire green, same as used on our standard cars. Lights are controlled either from the front or rear of interior compartment, by means of two 3-way diamond H. switches. Cleats same as used on our standard cars are used in attaching wire to body.

UPHOLSTERY: All upholstery is No. 2 hand-buffed, dull black, long grain trimming leather over gray curled hair and best grade spring construction.

INTERIOR EQUIPMENT: Two stretchers on tubular brass frames nickel plated, the upper stretcher is suspended from the roof and folds up against the side when not in service and fitted with suitable anchorage to prevent swaying. The lower stretcher has rubber tired rollers, on the front and fits into guides in the floor, the rear ends rubber shod with spring plungers, and fit into sockets in the floor to hold stretcher securely.

A collapsible marine lavatory is a distinctive feature of this ambulance. It is carried in a cabinet which is mounted on the inside of the partition. When opened, a water basin is disclosed with faucet to feed cold, sterilized water by gravity from a tank built into the cabinet. This tank is so arranged that it can be kept absolutely sanitary, for sterilized water.

Quantico Days

By Vice Adm. Joel T. Boone

In World War I, Navy Medical personnel served in the 5th and 6th Marine Regiments and the 6th Machine Gun Battalion, all components of the famous 4th Marine Brigade, the most highly decorated American Unit in the war. The 331 Navy medical officers and hospital corpsmen of the 4th Brigade would earn a total of 684 decorations and awards. Among these was Lcdr. Joel T. Boone, one of seven medical officers serving in the 6th Regiment, and one of only two Navy physicians to have been awarded the Medal of Honor.

Before being deployed to France, Boone and members of the 6th Regiment were sent to Quantico, Va. for field medical training. For many like Boone, it was the first time they wore khakis and the experience gave them their first sense that the nation was at war. Below, we present an excerpt from Boone's unpublished memoirs chronicling his memories of those "Quantico Days."

***

On August 29, 1917, I reported at the Marine Corps Barracks, Quantico, Virginia, for duty. I was assigned to the First Battalion of the Sixth Regiment which was preparing for overseas duty. I was entering a new world when I reached Quantico, one quite in contrast to that in which I had lived aboard *Wyoming*.[1]

The station was in early stages of development. There was a great deal of mud on the roadways and the paths leading to various buildings, most of which were just wooden shacks. I was assigned first to have quarters in the dispensary, to approach which I had to climb over a lot of duckboards and improvised, it seemed, bridges. There were more khaki-clad men in one place than I had ever seen in my life before. It was heartwarming to see how many young men were responding to the colors and in training at this rapidly developing Marine Corps base. At Quantico there was much contrast to what I had seen in Haiti in serving with the Marines. Here there were more systematic administrative procedures and better organization. Immediately felt a part of a very large unit and one, which was being prepared for duty overseas.

The Commanding Officer of the First Marine Battalion of the Sixth Regiment was Major John Hughes[3] who was a tall, slender, very military looking officer. I learned that Lieutenant Commander Wrey G. Farwell,[4] MC, U.S. Navy, had been assigned as the Regimental Surgeon of the Sixth Marines. When I reported, he was on a temporary mission to Washington, and I did not get to meet him until the following day.

I donned a khaki uniform as quickly as possible, because in all the dust and the mud of Quantico I realized my blue Navy uniform was out of place. While there was a lot of dust at Quantico, it really was a quagmire in August 1917

1. Boone served aboard USS *Wyoming* (BB-32) from September 1916 until August 1917.

2. In 1917, Quantico Marine Corps base opened in May 1917.

3. Major (later Lieutenant Colonel) John Arthur Hughes (1880-1942) He served as battalion commander for 1st Battalion, 6th Marines, and saw combat with that unit at Belleau Wood (June 1918) for which he received the Navy Cross and at Soissons (July 1918). Promoted to lieutenant colonel on 1 July 1918, he was gassed in September 1918 during the Saint-Mihiel offensive, which forced him to return to the U.S. Eventually, LtCol Hughes' wounds led to his medical retirement on 31 July 1919. (source: https://www.mcu.usmc.mil/historydivision/)

4. Surgeon Wrey Gilmor Farwell (1882-1939) would later be awarded the Distinguished Service Cross for "extraordinary heroism in action while serving as Medical Officer (Attached), Sixth Regiment (Marines), 2d Division, A.E.F., in the Bois-de-Belleau, France, 6 June 1918. Lieutenant Commander Farwell voluntarily exceeded the demand of duty by personally supervising the evacuation of his wounded commanding officer across a field under fire from machine guns and snipers."

with many duckboards laid indiscriminately over the reservation for foot transit.

The dispensary was up on the side of a hill and buttressed up on stilts. After a few days I was reassigned from a requirement to sleep in the dispensary to a tent down on the Potomac River bank with a number of the officers of the First Battalion. Then I joined the mess down there in a tent of that battalion.

There was a fairly good and new hotel up on one of the hills from the main street. Mrs. Boone visited me, but we young people could not afford to live at the hotel, so she stayed in Washington and I made attempts to go by train for weekends whenever possible to spend that period of the week with her in Washington.

Doctor Farwell returned to Quantico the day after my reporting there. We had a long discussion and he indoctrinated me into what he foresaw would be my duties as the Battalion Surgeon of the First Battalion. He stated that it was the intention when more medical officers were assigned that I would act as his Executive Officer and senior assistant.

I early recognized that the hospital corpsmen assigned to my battalion were new and green. They might be fine young men, but they knew nothing of military and were absolutely foreign to their military environment. From a large number of hospital corpsmen at the Marine Corps Barracks Dispensary, I was permitted to select the hospital corps increment by individuals whom I wished to have assigned to the First Battalion. Subsequently, as time passed, I wondered if I had erred in some selectees. I learned during my Navy career that frequently inexperienced corpsmen whom you could indoctrinate almost from beginning, turned out to be better corpsmen than ones who have been poorly indoctrinated early in their careers and certainly were, if you trained them, more suitable to your requirements.

Medical Director Luther von Wedekind, USN,

Courtesy of Library of Congress

Medical Director Van[sic] Wedekind reported at Quantico soon after I did. We learned that he had been selected and designated to command Naval Hospitals in Europe which would be behind the Marine forces. (Such an assignment did not eventuate, because the hospitals that he commanded or the hospital that he commanded never was assigned or served directly behind the Marine forces. To assign Naval Hospitals directly with the Marines was a misconception of the organization as we learned when we got to France. We were unaware that the Marines would become a part of an Army Division and would be part and parcel of that organization, except with their own Brigade Commander who initially was a Marine Brigadier, and we also learned as time went on that we were to have Army Field Hospitals in support of and a part of our Division.

It was a real pleasure after I had been at Quantico a few days to see Captain Campbell,[5] who had been my Commanding Officer when I served with the 13th Company in northern Haiti

4. Medical Director Luther Lochman von Wedekind (1864-1935).

5. Capt. (later Brigadier General) Chandler Campbell (1880-1957).

Dr. Joel Boone standing third from left in front of dugout in Verdun sector, 1918.

BUMED Archives

through much of the fighting up there. He and I had gone to Haiti together with the Artillery Battalion. I also saw Lieutenant Pete Emory, who had served in that 13th Company.

My experiences at Quantico prior to our departure were very informative and laid the groundwork for my service with the Marines who were to go abroad. The First Battalion entrained at Quantico for the trip to Philadelphia and the League Island Navy Yard where we were to board the marine transport *Henderson*. It was the first Naval ship in our Navy built as a marine transport and for special service to provide overseas transportation for Marine components. She was a sister ship of the hospital ship *Relief*,[8] which was then under construction at Philadelphia, which was he first hospital ship ever constructed by our government from the keel up for the purpose of serving as a hospital ship. The other ships in the past had been converted ships of one sort or another for hospital usage. The engines for the *Relief* were farther along in construction than were the *Henderson*'s during the building operations of both. Therefore, when the transport was urgently required to transport Marines overseas, the engines from the *Relief* were placed into the hull of the *Henderson*. Strangely, I had subsequent opportunities to serve aboard the *Henderson* on another historic occasion which will be narrated in these memoirs, and also served aboard the hospital ship *Relief* in subsequent years.

We had such a large contingency of Marines sailing from League Island Navy Yard on the *Henderson* that there was not sufficient berthing space aboard the ship, as constructed for berthing space to provide for all Marines and

7. USS *Henderson* (AP-1) later was converted to the Navy hospital ship *Bountiful* (AH-9) in 1943.

8. USS *Relief* (AH-1) was the only Navy ship constructed from the hull up to serve as a hospital ship.

Naval personnel attached to them to be provided in the berthing compartments.

The *Henderson* sailed from League Island on September 16, 1917. Mrs. Boone was at the Navy Yard to see me sail.

And interesting incident occurred many years later. I introduced Mrs. Boone to a General Harold Thomas at a social function at the Marine Barracks in Washington, D.C. After I had introduced General Thomas to Mrs. Boone, he said, "I have seen you before, but never met you."

We both said, "When did that occur?"

He said, "Strangely, it occurred just before the transport *Henderson* left League Island to go overseas in September 1917. At that time I was a private in the Marines and, standing up on the forecastle, I saw Admiral Boone kissing you, Mrs. Boone, good-bye prior to the sailing of the *Henderson*."

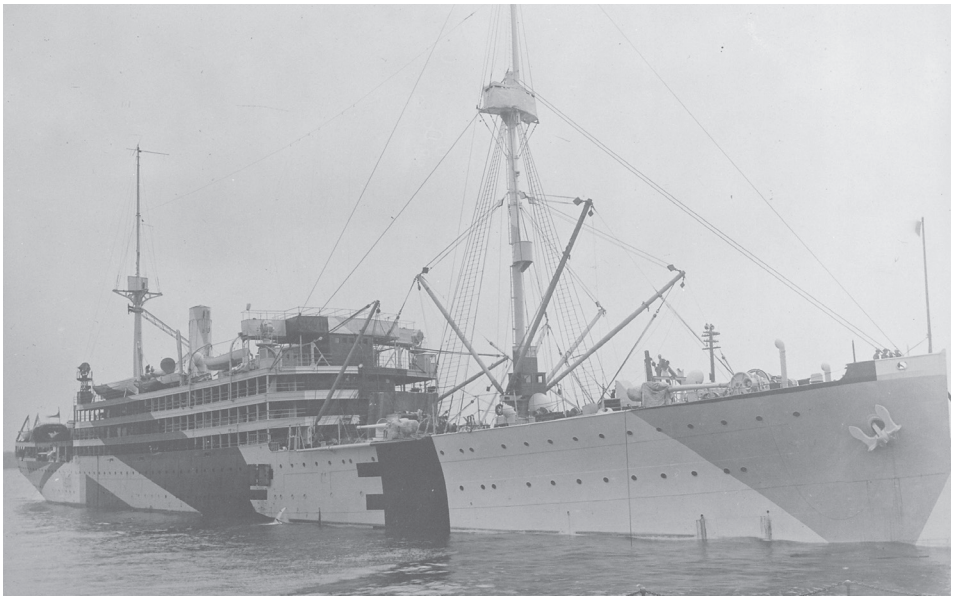
When I said good-bye to Mrs. Boone on the dock at League Island, I realized that it would be for a very long period of time before we would see each other again, and I was even secretly aware that we would never see each other again.

The ship did not sail directly across the Atlantic, as we expected, but went into the New York harbor area near Staten Island to remain there for several days as a rendezvous point for the assemblage of many transports, all to go in one convoy at that particular time. Mrs. Boone learning that we were off Staten Island, came there and procured a room in the town on Staten Island. It was possible for me to go ashore for overnight while we were in that area of anchor. Each morning when I left our rooming house, I would kiss her goodbye and expecting that I would not return again. For several days this was pursued. I would get back and forth from the ship to our rooming house. However, one day our separation actually occurred which was to last for a long period of time. The ship sailed without forewarning and when the convoy had been formed, we headed toward France.

On the 19th of September when we left our anchorage at Staten Island, we literally thought that we were headed to France, but it was not correct, as we were changing our anchorage, cruising about, and then going to another anchorage designated for our place in the formation of the large convoy of which the *Henderson* was to be a part. We actually did not get out to sea until Sunday, September 23.

After we set forth headed across the Atlantic, we found that a number of Marines would have to roll up in their blankets and sleep on the decks, but they were under cover, as they slept opposite the living quarters and had an overhead portion of the deck to protect them from the weather; however, it was very rough going across the Atlantic and we had a lot of rain. In fact, we had tremendous storms at night, which drove the sleepers who were out on the deck to scatter and find some sleeping space anywhere possible inside the ship, many times only after they had been well drenched as they lay on the open deck. The cruise for some days being very rough, we had a great deal of seasickness, and I suffered severely with it myself but kept going because there were so many people to take care of who I felt were worse off than I was. At every opportunity, I would hit my bunk to get into a reclining position.

On the way across the Atlantic we had daily drills: fire, abandon ship, man overboard, and there were innumerable calls to General Quarters. This period, however, have me an opportunity to organize my medical department and indoctrinate the personnel in the ways of the Navy and Marine Corps, as much as I could foresee it, in a new enterprise.



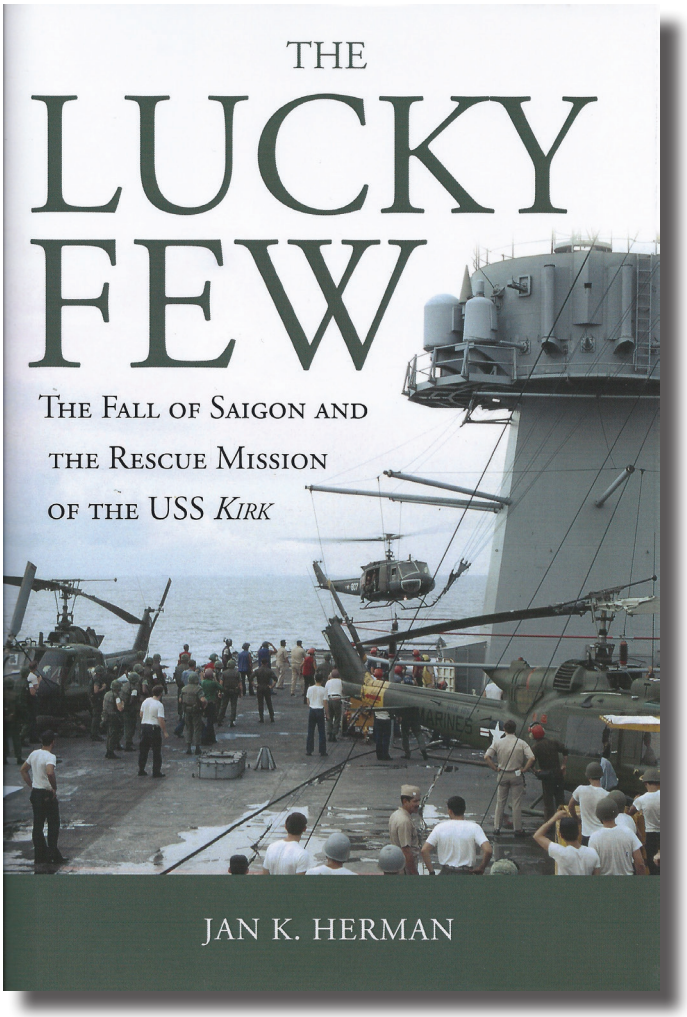
USS *Henderson* (AP-1) in 1918.

Courtesy of National Archives

***The Lucky Few: The Fall of Saigon and the Rescue Mission of the USS* Kirk**
By Jan K. Herman
Annapolis: Naval Institute Press. 2013.
160 pp. ISBN 978-1-61251-355-5

In *The Lucky Few*, Jan Herman, former chief historian for the Navy Medical Department, has written a narrative of the fall of Saigon and the part played in Operation Frequent Wind and the refugee lift/rescue by the USS *Kirk*. This book was written as a companion to the documentary produced in 2010 by Jan Herman. Herman has used a variety of sources to create this narrative, primarily oral histories, interviews and after action reports and summaries from the various units and services involved in the operation.

The narrative begins with a brief description of the *Kirk* and her lineage, and then a chapter on the officer who was the C.O. during this Westpac deployment. The description of Cdr. Paul Jacobs, the C.O. of the *Kirk*, presents a picture of the sort of ships' captain both officer and enlisted are happy to serve under – one who is mission-oriented yet at the same time looking out for the best interests of "his" people. As the narrative will unfold it becomes clear that Jacob's emphasis on preparedness, attention to detail, and teambuilding and his overall leadership will be the key element in the success of the mission.



The meat of the narrative begins in the spring of 1975 when the *Kirk* arrives as part of the task force assembled off the coast of South Vietnam as the conflict is approaching its tragic finale. Initially the *Kirk* is a bystander as the waves of South Vietnamese helicopters begin to appear like a swarm of buzzing bees, heading for the larger ships of the task force. Not wanting to miss out, and also wanting to be a resource, the *Kirk* begins to broadcast a "land here" signal on guard, and begins to receive helicopters and refugees. Saving one Huey as a "trophy", the rest are stripped for parts as possible when they land, and then over the side. Improvisation is the word of the day as refugees are taken on board, and subsequently transferred to larger ships.

The real adventure begins when a somewhat mysterious civilian (Richard Armitage) arrives on board and once his bona fides are confirmed, the *Kirk* becomes the ship designated to lead the exodus of the remnants of the South Vietnamese Navy, and tens of thousands of refugees crammed aboard often unseaworthy and ill-supplied vessels as they make their way for the rendezvous point at Con Son Island to Subic Bay in the Philippines. The story of this evacuation is the heart of the narrative, and should stir feelings of pride in everyone who has ever served in the Naval Service. With only the resources one would normally find on a destroyer escort, both human and materiel, this motley collection of often creaky and leaky vessels has to be herded at five knots across a fortunately calm sea, and the food, water, and medical needs of tens of thousands of

refugees managed.

Hard work, a can-do spirit, personal sacrifice, and skill combine to make this a successful exodus. There are many individual stories, both American and Vietnamese, told to describe the personal moments of this drama. Sailors go aboard various ships to repair engineering plants that have broken down, somehow a system is devised to move water to refugee laden ships, and medical care is provided by the ships' independent duty corpsman and his assistant making house calls by small boat and managing more severe cases, including all women in advanced stages of pregnancy aboard the *Kirk*. In spite of the inevitable diplomatic wrangles as the flotilla approaches the Philippines, the story ends well as the refugees arrive safely and are transferred to facilities elsewhere, with most ending up as permanent U.S. residents. There is a chapter that discusses the experiences of some of the crew and refugees over the years between 1975 and the present.

Transfer of refugees from the overcrowded and sinking *Lam Giang* to the Vietnamese flagship *Tran Nhat Duat* (HQ-3)

BUMED Archives

This is an engaging narrative, and contains many details from the after-action reports and other documents, as well as extensive interviews and oral histories, that put the reader on the scene and yet will not overwhelm the reader without shipboard or naval experience with jargon or unnecessary technical explanations. In the end this is a human story, about real people. The "Lucky Few" are those refugees who made it out to make a new life, aided by sailors who exemplify what we should admire most in the American navy man – the desire to do the right thing, and the ability to make it happen with limited resources. I wish that the author had more precisely defined the medical assets that were available to the flotilla as a whole, at one a point a physician and other corpsmen from other navy vessels assist the *Kirk*'s two corpsman medical detachment, but it is unclear what other resources were present other than the two hard working HMs from the *Kirk*.

As the navy has become more involved with humanitarian operations, by their nature often extemporized, the lessons of this story are well worth being absorbed by anyone who might become involved in such actions in the future. All officers and chiefs would do well to recognize the value of the leadership traits exhibited by Cdr. Jacobs, because leadership and teamwork were the most important parts of the success of the *Kirk*.

In *The Lucky Few,* Jan Herman has put together an engaging human narrative that can inspire and educate those active and former sailors who read it, and also be of equal value and interest for those who have not served in the navy. Written in an easy style, and a quick read, this book would be an equally useful addition to a wardroom library or a personal bookshelf.

~Review by Capt. (ret.) Steven Oreck, MC, USN

A product of the
Communications Directorate
Bureau of Medicine and Surgery